

**Step By Step Guide To VA Improved Pension
Form 21-526**

For Veterans Only

*(if you are a surviving spouse, please download **Form 21-534**)*

NOTE: *This is NOT a VA form. These guidelines were prepared for the American Veterans Institute by individuals familiar with the Improved Pension program and the appropriate methods for completing and submitting VA Improved Pension applications. VetAssist and AVI cannot guarantee a VA approval, even if every Question is properly answered. We urge applicants to carefully review all VA correspondence received after the submitting the forms. Mistakes are made by the VA and vigilance is required...even after the forms are submitted.*

PART A

Part A - Section I

Question 1. Check the box marked "Pension."

Question 2a. Presumably, the answer is "No." If you have filed a claim before, you need to let us know the nature of the claim so we can advise you on the appropriate course of action.

Question 2b. Do not answer at all (i.e. leave it blank), unless you answered question 2a yes.

Part A - Section II

Question 3. List your full name

Question 4. List your social security number

Question 5. List your gender

Question 6a. If your name is William Robert Smith but you served under Bobbie William Smith (and your papers reflect that name) then you will check "yes" Otherwise, check 'no.'

Question 6b. If you answered "yes" to 6a, list the name you served under here.

Question 7. List the address where you are receiving mail etc. (If you still own your home but live in an Assisted Living facility, list the address of the facility.) If you are the child of a veteran and you are assisting in filling out this form, you are better off listing the veteran's address versus your own. It could confuse matters. If you are planning to move to an Assisted Living facility, you may list your current mailing address – but make a note in block 29 that indicates you will be moving. List the address of the facility you will be moving to, and the date when your residency there will begin.)

Question 8. List the contact number of the veteran.

Question 9. There is no need to list your e-mail address; and, in fact, you are probably better off to keep correspondence via the postal service where mail can be tracked and verified.

Question 10. List your birth date.

Question 11. List the city and state of your birth.

Question 12a. List yes only if you are receiving a disability checking from the Bureau of Employees Compensation (now known as Office of Workers' Compensation – i.e. a 'worker's comp' check).

Questions 12b and 12c. Do not answer these at all (i.e. leave them blank) unless you answered 12a 'yes'.

Question 13a. If your child or other relative is helping prepare the form, he/she should be listed here. If you are filling this out yourself, list someone close to you who could be contacted in the event the VA cannot reach you.

Question 13b. List the child's or relative's phone number.

Question 13c. List the child or relative's address.

Question 13d. List the relationship of the individual (i.e. "son," "daughter," "niece," "nephew" etc.)

Part A - Section III

Question 14a. List the effective date of your active service (it will be listed on your DD-214, report of separation, or discharge papers as "date of entry into active service")

Note: If you served multiples times, you only need to record one period of service. So long as you establish that you served more than 90 days, one of which was during a VA-designated combat era, you should be eligible

Question 14b. List the city and state or the military facility that is listed under "date (and/or) place of entry into active service"

Question 14c. Service number is usually listed at the top of the discharge papers. Typically it is one group of two digits, followed by a group of three digits, followed by a group of three digits (i.e. XX XXX XXX) (*Note: Veterans entering after 1970 were given their social security number as their service number.*)

Question 14d. List the "date of separation" from the period of service indicated in *Question 14a.* (For example, if you have multiple periods of service, do not list your final date of separation here. Only list the separation date that corresponds to the entry date listed on *14a.*)

Question 14e. List the “place of separation” as indicated on the separation/discharge papers, which is usually either a city and state or a military facility.

Question 14f. Branch of service will be US Navy, US Air Force, US Coast Guard etc...

Question 14g. ‘Grade, rank or rating’ is typically listed toward the top of the separation/discharge papers.

Question 14h through 14n. It is not necessary to answer these questions, if the claimant met the VA criteria for service (minimum 90 days, one of which is during a wartime era) with the information provided under Questions 14a through 14g.) You may leave these blank.

Question 15a. If you served in Vietnam, answer ‘yes.’ If you did not serve in Vietnam, answer ‘no.’ Do not leave this blank.

Question 15b. If you served in Vietnam, list the dates you were in country. If you did not serve in Vietnam, leave this blank.

Question 16a. If you were stationed in the Persian Gulf after August 1, 1990, please answer ‘yes.’ If you were not stationed there, please answer ‘no.’ Do not leave this blank.

Question 16b. If you answered ‘yes’ to question 16a, please respond to this question with a ‘yes’ or a ‘no.’ If you answered ‘no’ to 16a, please leave this blank.

Question 17a. If you were a prisoner of war, please indicate so with ‘yes.’ If you were not a prisoner of war, mark the answer ‘no.’ Do not leave this blank.

Questions 17b, 17c, and 17d. Please answer these questions if you answered 17a ‘yes.’ If you answered 17a ‘no,’ then leave these blank.

Part A - Section IV

Question 18a. If you are currently assigned to an active reserve unit, select ‘yes.’ If not, select ‘no.’ Do not leave this blank.

Question 18b, 18c, and 18d. It is doubtful that you will have answered 18a with ‘yes,’ but if you did, please fill out these three sections. If you answered 18a as ‘no,’ then you should leave these sections blank.

Question 18e. If you have an inactive reserve obligation, please select ‘yes.’ If you do not, then select ‘no.’ Do not leave this blank.

Question 18f. Leave this blank unless you answered ‘yes’ on 18e.

Questions 18g, 18h, 18i, 18j, 18k. You will most likely be filing this claim based on your active duty service, not on reserve duty. Even if you served in the reserves, it is not necessary to fill out these sections. Just leave these blank.

Questions 18l, 18m, 18n, 18o, 18p. Once again, unless you are filing for some type of disability compensation based on your reserve service, please leave this portion blank.

Part A – Section V

Question 19a. If you are a current member of the National Guard, please select ‘yes.’ Otherwise, select ‘no.’ Do not leave this blank.

Questions 19b, 19c and 19d. Leave these blank, unless you answered ‘yes’ to question 19a.

Questions 19e, 19f, 19g, 19h, 19i. You will most likely not be filing this claim based on National Guard duty. Even if you served in the Guard, it is not necessary to fill out these sections. Just leave these blank.

Questions 19j, 19k, 19l, 19m, 19n. Once again, unless you are filing for some type of disability compensation based on your Guard service, please leave this portion blank.

Part A - Section VI

Question 20a. Unless you are filling this form out as a request for compensation (not pension) you will mark this ‘no.’ Basic pension, Housebound and Aid & Attendance are all part of the VA Improved Pension program. A service-related disability is not necessary to file for an Improved Pension, so you are fine marking this ‘no’ if you are applying for the Improved Pension.

Question 20b, 20c, 20d, 20e. Leave these blank.

Part A - Section VII

Question 21a. If you are retired from the military, answer this ‘yes.’ If not, answer it ‘no’ and skip down to Section VIII, question 22.

Question 21b. If you answered 21a ‘yes,’ list the branch of the military that is paying your retirement pay. If you answered 21a ‘no,’ leave this blank.

Question 21c. If you answered 21a ‘yes,’ list the amount you are currently receiving per month for retirement pay. If you answered 21a ‘no,’ leave this blank.

Question 21d. If you are currently receiving retirement pay from a branch of the military, please indicate which box most accurately describes your situation.

Question 21e. Once again, you will not likely be filling this out, if you are seeking a VA Improved Pension. However, if you do sign this line, be aware that, if you are receiving retired pay, it will be reduced by whatever amount of compensation you receive. However, this is to your advantage because retired pay is taxable and compensation is not. But, again, this should not be an issue if you are filing for the VA Improved Pension.

Question 21f. If you are currently receiving any of the items listed, please select the correct box and write in the amount. If you are not receiving any of these payments, leave this section blank.

Part A - Section VIII

Question 22. The VA prefers to provide pension checks via Direct Deposit. Please check either 'savings' or 'checking' in order to set up the Direct Deposit process. (You may waive Direct Deposit by writing to the Department of Veterans Affairs, 125 S. Main Street, Ste. B, Muskogee, OK 74401-7004 and explaining to them why you do not want Direct Deposit. If you check 'savings' or 'checking' make sure you include the account number.

Note: You should attach a voided check if you have selected 'checking' but you should also write in the financial information, in case the check gets separated from the form.

Question 23. Write in the name of the bank.

Question 24. Write in the routing number (even if you have attached a voided check)

Part A – Section IX

Question 25. The veteran who is filing the claim should sign here. Even if his/her signature is shaky, that is preferable to signing with an "X."

Question 26. Please write in the date that you are finishing the claim.

Question 27a, 27b, 27c, 27d. No witnesses are necessary, unless the claimant signs with an "X."

Question 29. If you are clarifying some piece of information provided anywhere in the application (in *Parts A, C or D*), you may do so here. However, if the information you have provided is reasonably clear, do not put in lengthy explanations. If the VA requires more information on a specific topic, they will request it.

Note: Topics to cover in the *Remarks* section might include a confusing marital history (i.e. if the veteran was married to the same woman several different times). Also, if the veteran's expenses are MORE than his income, please explain how he is able to pay his bills (i.e. if his children are helping him financially, this is something the VA would need to know, so they do not think that he is somehow hiding assets, etc.) Such explanations (briefly and clearly worded) can help avoid lengthy delays as the VA tries to acquire clarification.

NOTE: You now go to **Part C**. You would **ONLY** fill out **Part B** if you were filing for compensation for a service-related injury.

PART C

Note: If you are a married veteran, you must fill out this form. It allows you to claim your spouse's unreimbursed, recurring medical expenses, as well as your own.

Part C - Section I

Question 1. Please check the box that indicates your marital status. If you are divorced, widowed, or never married, leave the rest of the page blank.

Question 2. If you checked 'married' on Question 1, indicate the date you got married. If you checked anything other than 'married,' leave this blank.

Question 3. If you checked 'married' on Question 1, indicate where you got married. If you checked anything other than 'married,' leave this blank.

Question 4. If you checked 'married' on Question 1, indicate the full name of your spouse. If you checked anything other than 'married,' leave this blank.

Question 5. If you checked 'married' on Question 1, indicate the date of birth of your spouse. If you checked anything other than 'married,' leave this blank.

Question 6. If you checked 'married' on Question 1, indicate the Social Security number of your spouse. If you checked anything other than 'married,' leave this blank.

Question 7a. If you checked 'married' on Question 1, indicate whether your spouse is also a veteran by checking 'yes' or 'no'. If you checked anything other than 'married,' leave this blank.

Question 7b. If you checked 'married' on Question 1, and if your spouse is also a veteran, please indicate if he or she has ever filed a claim with the VA by listing his/her VA file number. If your spouse is not a veteran, leave this blank. If your spouse is a veteran but has never filed a VA claim, also leave this blank. If you checked anything other than 'married,' leave this blank.

Question 8. If you and your spouse live together, check 'yes'. If you and your spouse live apart, check 'no.' If you checked anything other than 'married,' leave this blank.

Question 9. If you and your spouse do not live together, please list your spouse's address. If you and your spouse do live together, leave this blank. If you checked anything other than 'married,' leave this blank.

Question 10. If you and your spouse live together, leave this blank. If you and your spouse live apart, briefly explain why. If it requires a detailed explanation, please write 'see *Remarks* block' and use the *Remarks* section at the end of Part A to briefly explain the situation. If you checked anything other than 'married,' leave this blank.

Question 11. This question applies only if you and your spouse are legally separated. Otherwise, please leave this blank. If you checked anything other than 'married,' leave this blank.

Question 12. Please indicate the manner in which you were married. The VA will require confirmation of any type of marriage indicated on the form. If you checked anything other than 'married,' leave this blank.

Part C - Section II

Question 13a. If you checked 'married' on Question 1, please indicate the number of times you were married, prior to your current marriage. If your answer is zero (0), leave Questions 13b through 13g blank. If you checked anything other than 'married' on Question 1, leave this blank.

Question 13b. If you checked 'married' on Question 1, please indicate the date you were married the first time, prior to your current marriage. If you checked anything other than 'married' on Question 1, leave this blank.

Question 13c. If you checked 'married' on Question 1, please indicate where you were married at, prior to your current marriage. If you checked anything other than 'married' on Question 1, leave this blank.

Question 13d. If you checked 'married' on Question 1, please indicate the name of your spouse, prior to your current marriage. If you checked anything other than 'married' on Question 1, leave this blank.

Question 13e. If you checked 'married' on Question 1, please indicate when your marriage ended, prior to your current marriage. If you checked anything other than 'married' on Question 1, leave this blank.

Question 13f. If you checked 'married' on Question 1, please indicate why your previous marriage ended (i.e. divorce, death). If you checked anything other than 'married' on Question 1, leave this blank.

Question 13g. If you checked 'married' on Question 1, please indicate where your marriage ended, prior to your current marriage. If you checked anything other than 'married' on Question 1, leave this blank.

NOTE: If you have more than one previous marriage, list the same details about your next marriage under the first entry. If you have even more marriages, please attach a sheet that lists the additional information. The VA may also require a divorce decree or death certificate on previous spouses.

Question 14a. If you checked 'married' on Question 1, please indicate the number of times your current spouse was married, prior to the current marriage. If your answer is zero (0), leave Questions 14b through 14g blank. If you checked anything other than 'married' on Question 1, leave this blank.

Question 14b. If you checked 'married' on Question 1, please indicate the date your spouse was married the first time, prior to the current marriage. If you checked anything other than 'married' on Question 1, leave this blank.

Question 14c. If you checked 'married' on Question 1, please indicate where your spouse was married at, prior to the current marriage. If you checked anything other than 'married' on Question 1, leave this blank.

Question 14d. If you checked 'married' on Question 1, please indicate the name of your spouse's previous spouse, prior to the current marriage. If you checked anything other than 'married' on Question 1, leave this blank.

Question 14e. If you checked 'married' on Question 1, please indicate when your spouse's previous marriage ended, prior to the current marriage. If you checked anything other than 'married' on Question 1, leave this blank.

Question 14f. If you checked 'married' on Question 1, please indicate why your spouse's previous marriage ended (i.e. divorce, death). If you checked anything other than 'married' on Question 1, leave this blank.

Question 14g. If you checked 'married' on Question 1, please indicate where your spouse's previous marriage ended, prior to the current marriage. If you checked anything other than 'married' on Question 1, leave this blank.

NOTE: If your spouse has more than one previous marriage, list the same details about all previous marriages under the first entry. If your spouse has more than previous marriages please attach a sheet that lists the additional information. The VA may also require a divorce decree or death certificate on previous spouses.

Part C – Section III

Question 15. It is unlikely that you will answer this question 'yes' but IF your parents are financially dependent on you, please select 'yes.' If this is not the case, please select 'no.'

Question 16. If you have children who are unmarried and under age 18 (or 18-23 and still in school) or became permanently unable to support themselves prior to turning 18, please select 'yes.' If this description does not apply, please select 'no.' If you select 'no' please leave blank Questions 17 through 21f.

Question 17. If you do have dependent children, please list the number. If not, leave this blank.

Questions 18 through 21f. Answer the questions if you have dependent children; otherwise leave everything blank.

Note: Even if you leave everything blank, you do need to place your name and your social security number in the appropriate boxes at the bottom of the page.

PART D

Part D – Section I

Question 1a. The standard response will be the following: "Over age 65 and see attached physician's form."

Question 1b. If the claimant is over 65, this question should be left blank.

Question 2. If you are applying for Aid & Attendance or Housebound benefits, you will answer this question 'yes.' If you are applying for basic pension, you will answer this question 'no.'

NOTE: at the side of the VA Form, you will see an instruction that tells you “*If you are a veteran who is age 65 or older... you do NOT have to submit medical evidence with your application.*” **WARNING.** This is ONLY true if you are applying for basic pension. If you are applying for Aid & Attendance or Housebound, then you MUST submit a physician’s form.

Question 3a. Answer ‘yes’ only if you have received very recent hospital care or short-term home care. Do not answer if you receive on-going home health care. Otherwise, please select ‘no.’

Question 3b. Answer only if you selected ‘yes’ on Question 3a. Leave it blank if you selected ‘no’ on 3a.

Question 3c. Answer only if you selected ‘yes’ on Question 3a. Leave it blank if you selected ‘no’ on 3a.

Question 4a. It is not necessary to answer this question if you are over age 65. Please leave the question blank.

Question 4b, 4c, 4d, 4e, 4f. If you left Question 4a blank, please do the same with these questions. It is not necessary to respond to these questions if you are applying for a non service-connected Improved Pension and are over 65.

Question 4g. Answer ‘yes’ only if you are receiving disability benefits from the social security administration. This does not refer to regular social security payments. Most people will answer ‘no.’

Question 4h. This is optional. You may answer it or leave it blank.

Question 4i. As with Questions 4a through 4f, it is not necessary to provide this information for non service-connected Improved Pension purposes.

Part D – Section II

Question 5a, 5b, 5c, 5d, 5e, 5f. Once again, if you are filing for Pension, please leave these questions blank and move on to section III.

Part D – Section III

Question 6a. This question refers only to official nursing homes, NOT to assisted living facilities. Answer ‘yes’ ONLY if you currently reside in a nursing home. If your facility is identified as “assisted living” you will answer this ‘no.’

Question 6b. List the name and address of the facility only if you answered ‘yes’ to Question 6a. If you answered ‘no’ to Question 6a, leave this blank.

Question 6c. Answer this question only if you selected ‘yes’ on Question 6a.

NOTE: If you are currently receiving Medicaid, the most you can get from an Aid & Attendance pension is \$90 per month. However, that is an additional \$1,080 per year so it may be worth pursuing, regardless. *(Another reason to apply is because the VA will*

not pay burial benefits unless the veteran was in receipt of pension or compensation at time of death or died in a VA hospital. This is a potential \$600 benefit.)

Question 6d. If you indicate 'yes' on this question, please add "see *Remarks* section" and use the *Remarks* block in Section A to explain what the response was to your application for Medicaid. Otherwise, select 'no.'

Part D – Section IV

NOTE: If you previously indicated that you do not have any dependent children, please leave blank the parts of this form that reference children. If you do not have a spouse, please leave blank the spouse column, as well.

BUT, if you have a spouse, you **MUST** enter either a number or a "0" (zero) for each line. If you have a spouse but you leave a line blank the VA will assume that you forget to enter something and you will create delays as they attempt to get the information from you.

Question 7a. This would likely refer to your checking account. If it is in both of your names, you can split the amount currently in the account and write half under 'Veteran' and half under 'Spouse.' If the account is only in your name, write the full amount under 'Veteran' and a "0" under 'Spouse.' If you have no spouse, write the full amount under 'Veteran' and leave the 'Spouse' column blank. (**Caution:** If you place a "0" under spouse – and you have no spouse, it could prompt delays as the VA attempts to gather information on the spouse that you do not have.)

Question 7b. This would include savings accounts, interest-bearing checking accounts, certificates of deposit, etc. Please follow the same procedure outlined in Question 7a.

Question 7c, 7d, 7e. Please list the current liquidatable value of these assets. If you do not have any of these assets, list a "0" (zero) in the appropriate column(s). (**Caution:** The VA will verify your financial information.

NOTE: List only the assets in your possession the day you file this claim. The VA does not have a 'look back' period.

Question 7f. This will apply only if you own your own business. Most likely, you will place a "0" in the appropriate column(s).

Question 7g. If you own any real estate other than your personal residence, you must report it. The value of that property will be factored into your net worth. If the property is co-owned and cannot be easily liquidated to cover your expenses, please refer to the *Remarks* block in Section A and explain the situation (or attach a sheet that explains it. If you attach a separate sheet, please label it "*Continuation of Answers*" and list your Social Security Number at the top.)

Question 7h. This refers only to valuable assets such as gem stones, gold bars, etc. It does not refer to household items, clothing, appliances etc. Typically, this will be marked "0" in the appropriate column(s). The VA does not consider the value of the personal property you use every day when estimating net worth.

Part D – Section V

Question 8. If you own a business and expect to receive some income from that enterprise, please select 'yes.' If you do not own a business, please select 'no.'

Question 9. If you own, or receive income from, a farm operation, please select 'yes.' Otherwise, select 'no.'

Question 10. If you are expecting a payment from life insurance or some legal action within a year of submitting this form, please select 'yes.' Otherwise, please select 'no.'

NOTE: If you previously indicated that you do not have any dependent children, please leave blank the parts of this form that reference children. If you do not have a spouse, please leave blank the spouse column, as well.

BUT, if you have a spouse, you MUST enter either a number or a "0" (zero) for each line. If you have a spouse but you leave a line blank the VA will assume that you forget to enter something and you will create delays as they attempt to get the information from you.

Please list each amount in its MONTHLY increment. Do NOT list yearly amounts in Questions 11a through 11g.

Question 11a. Please list the gross amount that you (and your spouse, if applicable) each receive MONTHLY in social security. Do not subtract your Medicare premium (that will be done later on the form.) If your spouse does not receive social security, mark a "0" (zero) in that column. If you have no spouse, leave the 'Spouse' column blank.

Question 11b. If you or your spouse are retired Civil Service, please indicate the amount of your monthly pension under the appropriate column(s). If you are not retired Civil Service, please mark this line "0" (zero) in the appropriate column(s). If you do not have a spouse, leave that column blank.

Question 11c. Please mark this "0" (zero) in the appropriate column(s) unless you (or your spouse) are retired from the U.S. Railroad system. If you do not have a spouse, leave that column blank.

Question 11d. If you or your spouse is retired from the US Military, please indicate your monthly retirement check amount in the appropriate column(s). If neither of you retired from the military, please enter a "0" (zero). If you do not have a spouse, leave that column blank.

Question 11e. If you or your spouse is receiving Black Lung Benefits, please indicate the monthly amount in the appropriate column(s). Otherwise please enter a "0" (zero). If you do not have a spouse, leave that column blank.

Question 11f. If you or your spouse is receiving SSI benefits (NOT social security), please enter the monthly amount in the appropriate column(s). Otherwise please enter a "0" (zero). If you do not have a spouse, leave that column blank.

Question 11e. If you or your spouse is receiving any other type of payment (such as a pension from private industry, etc.) please indicate the monthly amount in the

appropriate column(s). Otherwise please enter a "0" (zero). If you do not have a spouse, leave that column blank.

NOTE: Questions 12a through 12f refer to YEARLY amounts. Do not enter monthly amounts in this section. Enter the annual income from each category, or enter a "0" (zero).

Question 12a. You will answer this question ONLY if you or your spouse are employed and receiving some type of salary. Otherwise, you must mark a "0" (zero) in the appropriate column(s). If you have no spouse, leave the 'Spouse' column blank. Do not enter any of the income listed in Questions 11a through 11g. It is NOT considered salary or wages.

Question 12b. If you (or your spouse) listed any interest-bearing accounts, IRAs, Keoghs, etc. in Questions 7a through 7h, you **MUST** account for the interest, dividends etc. on this line. If you do not list such income, it will delay the processing of your claim, as the VA attempts to determine what you are earning from your listed assets. If you have no interest-bearing assets, you should mark a "0" (zero) in the appropriate column(s). If you have no spouse, leave the 'Spouse' column blank.

Question 12c. If you indicated in Part A (Questions 12a, 12b and 12c) that you are receiving worker's compensation benefits, please list the annual amount. If your spouse is receiving such benefits, please list the amount under the spousal column. If you receive no such benefits, you should mark a "0" (zero) in the appropriate column(s). If you have no spouse, leave the 'Spouse' column blank.

Question 12d. If you (or your spouse) are unemployed and receiving unemployment benefits, please list the annual amount in the appropriate column(s). If you are retired, over 65, etc., please mark a "0" in the appropriate column(s). If you have no spouse, leave the 'Spouse' column blank.

Question 12e. If you (or your spouse) are receiving any other military payments, please list the annual amount in the appropriate column(s). . If you receive no such benefits, you should mark a "0" (zero) in the appropriate column(s). If you have no spouse, leave the 'Spouse' column blank.

Question 12f. If you (or your spouse) anticipate any other one-time payment in the coming year, please indicate the amount and the source of the payment. If you anticipate no such payments, you should mark a "0" (zero) in the appropriate column(s). If you have no spouse, leave the 'Spouse' column blank.

Part D – Section VI

NOTE: This section is VERY important as it establishes the expenses that the VA will deduct from your income in order to come up with your "countable income." The countable income will help determine your eligibility for pension.

If you have more deductions than the four lines available, please attach an additional sheet listing all the requested information.

Please remember that these expenses must be unreimbursed, recurring expenses (i.e. a one-time hospital visit in the previous year does NOT count. Your monthly assisted living

charges DO count. Monthly recurring, unreimbursed prescription costs can also be counted (as can over-the-counter medications that are taken on a regular basis). If you pay a monthly health insurance premium, that can be counted, as can your monthly Medicare premium. You may deduct all these same expenses on behalf of your spouse.

(NOTE: *Non-recurring medical expenses can be reported at the end of the 12 month period and the VA will make any necessary adjustments. This could result in an additional lump sum payment.*)

Question 13a. In this column, please indicate the monthly amount of the expense you are claiming. The Medicare Deduction should be listed first. Example: **\$93.50/mo.** After that you can list the other expense amounts. Example: \$2,750/mo. (which you will record in 13c as “Assisted Living.”)

Question 13b. Since these are all recurring monthly payments, list the first day of the upcoming month for all of them – i.e. if you are filing the package in March, list the payment date as April 1, 2007.

Question 13c. List the purpose for the payment... The first line should always be “Medicare Deduction.” After that you can list the other expenses, such as ‘Assisted Living Costs,’ ‘Home Health Care Costs,’ ‘Insurance Premium,’ ‘Prescription Costs,’ etc.

Question 13d. List the recipient of the recurring expense (i.e. Medicare, Happy Valley Assisted Living, Gold Medal Insurance Co., ABC Pharmacy, etc.)

Question 13e. If the expense is being claimed for you, write “Veteran/Self.” If the expense is being claimed for your spouse, write “Spouse.”

Once you have completed this Form, you are ready to assemble your VA package. Select the “*checklist*” button to see what documents you need to clip to the **21-526 Form**. Make sure the package is assembled as indicated under the checklist section.